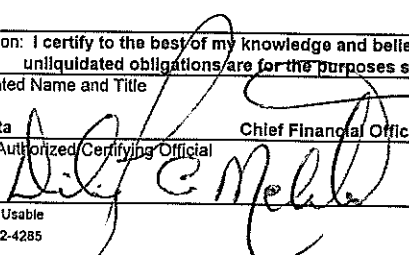


**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow Instructions on the back)

**ORIGINAL**

101

1. Federal Agency and Organization Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Ohio Secretary of State Office 180 E. Broad St. 16th Fl. Columbus, OH 43215					
4. Employer Identification Number 31-1334850		5. Recipient Account Number		6. Final Report no	
8. Funding/Grant period (see instructions) From: (Month, Day, Year) 10/29/2002		To: (Month, Day, Year) 1/1/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005 To: (Month, Day, Year) 12/31/2005	
10. Transactions		I Previously Reported		II This Period	
				III Cumulative	
a. Total Outlays		6,870,659.47		2,606,289.68	
b. Refunds, rebates, etc.		0.00		0.00	
c. Program income used in accordance with deduction alternative		0.00		0.00	
d. Net outlays (Line a, less the sum of lines b and c)		6,870,659.47		2,606,289.68	
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f, or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g, and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		6,870,659.47		2,606,289.68	
k. Total unliquidated obligations				907,981.85	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				907,981.85	
n. Total Federal share (sum of lines j and m)				10,384,931.00	
o. Total Federal funds authorized for this funding period				10,384,931.00	
p. Unobligated balance of federal funds (Line o minus line n)				0.00	
Program Income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r, and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate line) Provisional _____ Predetermined _____ Final _____ Fixed _____			
not applicable		b. Rate		c. Base	
				d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13 Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title		Telephone (Area code, number and extension)			
Dilip C. Mehta Chief Financial Officer		614-466-0180			
Signature of Authorized Certifying Official		Date Report Submitted			
		2-24-2006			